

Fill in this information to identify the case:

Debtor 1 Judith A. Knox  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey  
(State)

Case number: 16-29390

U.S. BANKRUPTCY COURT  
FILED  
NEWARK, NJ  
2022 SEP -6 P 2:43  
JEANNE A. NAUGHTON  
BY: [Signature]  
DEPUTY CLERK

**Form 1340 (12/19)**

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

unclaimed funds

**1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount: \$ 3,500.00 \$ 3,500.00

Claimant's Name: Judith Knox

Claimant's Current Mailing Address, Telephone Number, and Email Address:

20 Monroe Pl.,  
Montclair, NJ 07042

Phone number: 973-744-2508

973-637-6975

Email address:

(Awaiting new release)

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (check the statements that apply):

- ☒ Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

Judith Knox

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

**3. Supporting Documentation**

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

**4. Notice to United States Attorney**

- ☐ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
District of New Jersey  
Peter Rodino Federal Building  
970 Broad Street, Suite 700  
Newark, New Jersey 07102

**5. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: Sept. 2, 2022

Signature of Applicant

Judith Knox

Printed Name of Applicant

Judith Knox

Address:

20 Montclair Rd

Montclair NJ 07042

Moved from

5 Secrest Pl. Montclair

awaiting new License

Telephone:

973-744-2506

Email:

**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

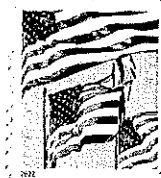
Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_



MANROCK  
STREET NO

00042

V.S. Man Krupky & Co.

50 Walnut St.

P.O. BOX 1352

NEWARK, N.J. 07102

EXTRACTED